

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** OAK CREST VILLA (310129)

**Address:** 8765 W FOREST HOME AVE, GREENFIELD, WI 53228

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1991

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0095789      **End Date:** 10/12/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008848    Served 10/28/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.42(3)(e)	QUARTERLY FIRE DRILLS		

**Survey ID:** 0093278      **End Date:** 08/23/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Survey ID:** 0091632      **End Date:** 10/15/2003      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008939    Served 12/05/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.b	INJECTIONS	08/20/2004	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	08/20/2004	Yes
83.55(4)(e)	SAFETY	08/20/2004	Yes

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CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date:** 12/04/2003      **SOD #**10008939      **Appealed:** No

Sanctions

OTHER SANCTION

FORFEITURE---SOD#10008939

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 06/02/2005**

**Date Investigation Completed: 10/12/2005**

Subject Area(s)

RESIDENT RIGHTS  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/30/2004**

**Date Investigation Completed: 08/20/2004**

Subject Area(s)

ABUSE  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED  
NOT RECORDED

**Date Complaint Received: 06/24/2003**

**Date Investigation Completed: 10/15/2003**

Subject Area(s)

RESIDENT RIGHTS  
QUALITY OF LIFE  
RESIDENT RIGHTS  
QUALITY OF LIFE

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

NOT RECORDED  
NOT RECORDED  
NOT RECORDED  
NOT RECORDED

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